

APPLICATION FOR A CUSTOM-APPLICATOR'S PERMIT

For the year ending December 31, 20____

INSTRUCTIONS: Complete and submit to the Arkansas State Plant Board, P.O. Box 1069, Little Rock, Arkansas 72203 with the appropriate fees. PRINT OR TYPE ONLY.

Firm: _____ Mailing Address _____

City: _____ State _____ Zip Code _____ County: _____

Office Phone () _____ - _____ Fax () _____ - _____ Cell Phone () _____ - _____ (opt)

Contact Person _____ Phone _____ e-mail address _____

Latitude _____ (dd mm ss.s') and Longitude _____ (dd mm ss.s') of the loading/mixing site

1. OUT-OF-STATE PERSONS OR FIRMS - Attach Power of Attorney (forms enclosed) designating an Arkansas resident for service of process.

2. Name(s) of Operator(s)-in Charge Authorization(s) Requested:

3. LIST APPLICATION EQUIPMENT TO BE LICENSED AND USED:

Air or Ground Ex:(Air or Grd)	Year (1990)	Type of Equipment (Make) (Airtactor or Tyler Airflow)	Model (802 or 433)	Id # for Ground or "N" for A/C (N1111 or # 10)	ASPB's Assigned #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. List the exact location in Arkansas (firm name, street address, town) where duplicate records of custom-application will be kept for Plant Board inspection upon demand. _____

5. **FINANCIAL RESPONSIBILITY**- \$100,000 Minimum required (if insurance, deductible is not to exceed \$5,000). Indicate the form your firm will use: Letter of Credit ☐ Surety Bond ☐ Insurance ☐ Escrow Account ☐

6. **FEES:** Custom-Applicator's Permit \$ 150.00
 Operator-In-Charge Authorizations - \$50.00 each \$ _____
 Decals - \$50.00 each \$ _____
 Inspection fee- \$25 each \$ _____
 Total **Total** \$ _____

Advance deposit of \$250.00 is required for initial application (use separate check)

7. Please list all pilots which will be working under this permit:

I hereby certify that the above representations and attachments are true and correct, that financial responsibility will be maintained for the term of the permit and that the Arkansas Regulations on Pesticide Use will be observed. I further certify that each of the operators-in-charge listed on this application has read and is familiar with the Arkansas Regulations On Pesticide Use. I also agree to utilize only those pilots maintaining a valid Custom Applicators Pilot authorization to apply these herbicides.

Name (Printed) _____ Applicant's Signature _____

Title _____ Date _____